



## Program Registration and Permission Form

(Please complete both pages)

Today's Date: \_\_\_\_\_ New Participant?: \_\_\_\_\_ Returnee?: \_\_\_\_\_ Participant Since \_\_\_\_\_/20\_\_\_\_

### Youth Information

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_  
(First, Last)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date ( \_\_\_\_/\_\_\_\_/\_\_\_\_ ) School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(First, Last)

E-mail Address: \_\_\_\_\_ Phone(work): \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_

I heard about The First Tee from: friend \_\_\_\_\_ TV/Media \_\_\_\_\_ Attended in-school program \_\_\_\_\_

I am registering through: Rec Department: \_\_\_\_\_ Youth Organization: \_\_\_\_\_ On my own: \_\_\_\_\_

Participation Consent Form completed by: \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Legal Guardian \_\_\_\_\_

Ethnicity: \_\_\_\_\_ African-American \_\_\_\_\_ Asian-American \_\_\_\_\_ Caucasian \_\_\_\_\_ Hispanic \_\_\_\_\_  
Native-American \_\_\_\_\_ Pacific-Islander \_\_\_\_\_ Other \_\_\_\_\_ I do not wish to respond \_\_\_\_\_

### Health and Emergency Information:

Please list any allergies, disabilities or other health issues that we should know about: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship/Phone#: \_\_\_\_\_  
(if parent/guardian cannot be reached)

Alt Emergency Contact: \_\_\_\_\_ Relationship/Phone#: \_\_\_\_\_

In the event that I cannot be reached in an emergency, I agree to accept any and all determinations of need for medical assistance and/or administration of medical attention deemed necessary by The First Tee Chapter representatives. I hereby give permission to the medical personnel selected by The First Tee Chapter representatives to secure any and all medical, hospitalization, dental, and/or surgical treatment. In event that such medical attention is needed from a healthcare provider, all costs shall be the responsibility of the parent or guardian.

Parent/Guardian Initials: \_\_\_\_\_

### Equipment

I understand that any golf equipment received for use is the property of The First Tee program, and may be returned at the discretion of The First Tee facility upon the termination of the participant's involvement in the program.

Parent/Guardian Initials: \_\_\_\_\_

### Media Release

I hereby give The First Tee Chapter, Headquarters Office and participating agencies permission to use film, video tape and/or photographs of the above mentioned minor for lawful promotional or informational purposes.

Parent/Guardian Initials: \_\_\_\_\_

## Golf Information

Please circle: Right Handed      Left Handed      Don't Know

Please circle: I will be bringing my own clubs

I will need clubs provided

\*TFTNH has plenty of clubs and we always have them available

Amount of Golf Experience (Please circle): None      Very Little      Moderate      Quite a Bit      A lot

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**\*\*Note:** Please contact The First Tee of New Hampshire if you have any questions about what level your child should be placed in.

### Program Selection and Payment

Session Number(s): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Additional Session Number(s): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Total Amount Due (see table below): \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Payment Type (Please circle):      Check (made out to *The First Tee of New Hampshire*)      MasterCard      Visa

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**Registration forms must be received two weeks prior to the session. Space is limited and will be filled on a first come, first served basis. Payment must be received to confirm your spot.**

COST OF SESSIONS	One Session	Two Sessions	Three sessions	Four Sessions	Five Sessions
PLAYEr, PAR, BIRDIE 3-day session	\$85	\$150	\$235	\$320	\$400
Target (Ages 5-6)	\$35	N/A	N/A	N/A	N/A
Advanced Program (one week)	\$300	N/A	N/A	N/A	N/A

**\*\* Note:** Multiple session discounts only apply when signing up for all sessions at the same time.

I, the parent/legal guardian of the above named youth, give approval for participation in The First Tee sponsored activities. I assume all risks of injury whatsoever and agree to hold harmless The First Tee Chapter and Headquarters Office from claim(s) of any nature arising from any activity, including transportation, connected with The First Tee facility or program. This hold harmless agreement includes, but is not limited to, any claim due to injury proximately resulting from negligence of The First Tee Chapter or Headquarters Office, its employees, agents, LPGA and PGA Professionals, participating agencies, and volunteers. I consent to The First Tee Chapter and Headquarters Office communicating information regarding my child's participation via the internet.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

**After completing this form, please mail it to (address is at the bottom of the page) or drop it off at Sagamore Golf Center at the same address. Thank you!**

#### OFFICE USE ONLY:

Amt Paid: \_\_\_\_\_ Payment Type: Check #: \_\_\_\_\_ Credit: \_\_\_\_\_ Debit: \_\_\_\_\_

Log: \_\_\_\_\_ TFT DB: \_\_\_\_\_

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